PRINTED: 04/19/2018
FORM APPROVED

CENTERS FOI	R MEDICARE & MEDIC	AID SERVICES	OMB NO. 0938-039					
STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED	
		15G331	B. W	NG		03/23/2018		
NAME OF I	PROVIDER OR SUPPLIEF	1	STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350					
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	I	ID	I		(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION	
TAG				TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	.TE	DATE	
W 0000								
Bldg. 00	licensure survey. The	full recertification and state his visit included the nplaint #IN00256623.	W	0000				
	certification revisit	njunction with the post (PCR) to the investigation of 49030 and #IN00250085						
	and State deficience	56623: Substantiated, Federal les related to the allegation are 91, W240, and W249.						
	Survey Dates: Marc	ch 20, 21, 22, and 23, 2018.						
	Facility Number: 00 Provider Number: 1 AIM Number: 1002	15G331						
	accordance with 46	this report completed by #15068						
W 0154 Bldg. 00	I -	ENT OF CLIENTS nave evidence that all are thoroughly investigated.						
	Based on observation interview for 1 of 4 and/or injury of unlifacility failed to confacility failed to confac	on, record review, and allegations of abuse, neglect, known source reviewed, the nduct a thorough investigation ident of elopement of client A.	Wo	154	W154- To correct the deficiency now for the future of all potential participants of alleged inciden abuse, neglect, mistreatment, unknown injury and incidents potential harm such as elopen will continue to be reported pe	ts of with nent	04/20/2018	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

The facility's Bureau of Developmental Disabilities

TITLE

guidelines of BQIS Incident

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclodays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES X		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3)		(X3) DATE S	(3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	UILDING	00	COMPLE	ETED
		15G331	B. W	B. WING		03/23/2018	
				CTREET	ADDRESS CITY STATE ZID COD		
NAME OF I	PROVIDER OR SUPPLIEF	2			ADDRESS, CITY, STATE, ZIP COD		
	LINC				ARRAND AVE		
PALADIN	N, INC			LA POF	RTE, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	Services (BDDS) re	eportables and investigations			Reporting; as well as thorough	nly	
	were reviewed on 3	/20/18 at 3:02 PM.			investigated in a timely manne	er.	
					Paladin Procedure has been		
	Review of the facil	ity's BDDS reportables			updated (#500.05 & #500.06-	SEE	
	indicated the follow	ving (not all inclusive):			ATTACHED) to include the ini	tial	
					steps to start the investigation	and	
	-BDDS reportable dated 3/12/18 indicated, "On the				who is to be involved and the		
	night of 3/11/18, [client A] went to her bedroom				of the new investigation packet	et.	
	without incident. After a few minutes, she went				Care Coordinators will		
	into the garage to sit. Staff checked on her and				continuously follow up with all		
	she stated that she wanted to be left alone and				questions regarding the incide	ent	
	not talk to anyone. She came back into the house				and gather the information firs	t.	
	and asked to be alone in the backyard. Staff				All incidents will be reported b	y	
	performed visual checks often. When staff				staff immediately to the Care		
	performed another visual check, they realized that				Coordinators/Program Manag	ers,	
	[client A] was not i	n the backyard. Two staff went			which they will then immediate	ely	
	to look for [client A	a] and she was out of staff's			initiate the investigation proce	dure	
	sight for approxima	itely 15 minutes. Staff found her			and gather the investigation te	eam,	
	down the road behi	nd a parked car. The neighbors			comprised of the Care		
	called 911 as [clien	t A] was complaining of right			Coordinator, Program Manage	er,	
	hand pain. Paladin	staff transported [client A] to			Director and Corporate		
	the ER (Emergency	Room) where she was treated			Compliance Officer that would	luse	
	and discharged. She	e was diagnosed with a			the new investigation packet/r	eport	
	sprained wrist and	instructed to wear a PRN (as			(SEE ATTACHED) to complet	e the	
	needed) brace for c	omfort. Plan to Resolve			timely, thorough and consister	nt	
	(Immediate and Lo	ng Term): Staff will keep [client			investigation. Care Coordina	tor	
		at all times when [client A] is			will collect all initial facts,		
	in the backyard. Sta	aff will continue to follow her			documents and staff statemer	nts	
	elopement plan in t	he event that [client A] should			to bring to the team. All		
	elope again."				information will then be review	/ed	
					and investigated until the tean	1	
	Review of the BDD	OS reportable and email			feels that they have completed	da	
		the facility did not have an			comprehensive and detailed		
		with findings of the			investigation. Then after the		
	investigation and co	onclusions and/or			investigation, the HR manger		
		Review of documentation for			assist in the findings to determ	nine	
	the 3/11/18 indicate	ed there was no documentation			action that needs to take place	e	
	of the following:				such as training, disciplinary of	or	
					termination.		
	-Which staff were v	working at the time of the			Each incident will be reviewed	lby	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE C A. BUILDING B. WING	CONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 03/23/2018		
NAME OF F	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350			
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	(X5) COMPLETION	
TAG	incident and their tr	aining status on client A's	TAG	the IR committee monthly to	DATE	
	plans -Statements and/or working at the time	interview from staff that were		ensure that all investigations of completed and thorough. The committee includes Care		
	_	interview from client A and/or		Coordinators, Compliance coordinator and Program		
	conducted, as indic	often the visual checks were ated in the reportable		Manager/Director. The Safet Committee will then review	У	
	sight	long client A was out of staff's		quarterly and take any recommendations from the IR		
	have sprained her w			committee. They may then determine if any further		
		ent A's Behavior Support Plan ented as written and/or if staff		changes/updates may need to take place. If so, the Corpora Compliance Officer would upo	te	
		ent A's BSP required any		the procedure and/or Investigate packet/report.		
	,	CC) #1 was interviewed on		As well, our new internal incid reports through our	ent	
	3/21/18 at 2:37 PM the following (not a	. Interview with CC #1 indicated ll inclusive):		documentation/tracking system(Provide/Accel Trax) w	rill be	
	-When asked what investigated, CC #1	incidents should be stated, "Anything that needs		ready to use to contact responsible parties through er with detailed information need		
	more knowledge." -When asked if an i	nvestigation had taken place		for the investigation. Elopem will be an option to select and		
	he was not sure.	1/18 incident, CC #1 indicated		further give details on the incident. This will increase	_	
	stated, "I was on va	happened on 3/11/18, CC #1 cation. She (client A) was		timeliness to start investigation and limit any loss of paperwor get to the office/team member	k to	
	agitated. Sometimes she will walk outside. She wants to be left alone. Staff need to keep her in eye sight and be there. She was out front then out back (in the backyard). Staff couldn't find her and followed her route she normally takes. Sometimes she will run into items like parked cars or grab trees. Maybe it's for extra attention. I believe a neighbor called 911. Staff found her 10-15 minutes			Which is the situation that happened in this case.		
				Statements/documentations was lost and found days later. The		
				should be ready by 5/1/18.		
		e and tried to explain to people.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. B	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV A. BUILDING 00 COMPLETE B. WING 03/23/201			ETED	
NAME OF	PROVIDER OR SUPPLIEI	₹	STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350				
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	·ΤΕ	(X5) COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		client A's BSP addressed					
	_	stated, "It's a target behavior.					
		e of it. It increased in the last					
	1 -	be there and be aware of her					
		vant to give her space and					
	_	ul when she says leave me					
		to be there. When she does					
		o follow her and use calming					
		an call me, her mom, or [name					
		e in the area]. She will usually					
	come back within 10-15 minutes. Usually trying to						
	get away from staff. Just for safety, stay with her." -When asked how client A should be supervised						
	in the home, CC #1 stated, "In the home, know						
	where she is. She has boundaries in the home and						
	outside. They have to know her whereabouts."						
	I	client A should be supervised					
		yard, CC #1 stated, "She					
		ed with staff. They should be					
	_	The plan states (staff) should					
		can be watched through the					
		be right there watching. They					
		hereabouts, plain and simple.					
		nd be there with her."					
		staff should do if they cannot					
		1 stated, "They should check					
		e house, garage, check the					
	community, as well	as contacting the person on					
	call. If we can't see	her, not sure if we have a time					
	frame of when to ca	all the police or what to do."					
	-When asked if clie	ent A's BSP indicated what staff					
	should do in the ev	ent staff cannot find client A,					
		did not. CC #1 stated, "We had					
		place (in the past), but she had					
	_	was charged. It was just put					
	•	It is not in there. It should be					
		how to handle the situation.					
	It's probably in an o						
		ff supervised client A					
	according to her pla	an, CC #1 stated, "No. Should					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPI	LETED
		15G331	B. W	ING		03/23	/2018
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIER	8			ARRAND AVE		
PALADIN	I, INC				RTE, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	have had continuou						
	-When asked how often visual checks were as						
		reportable, CC #1 stated, "If it					
		know. I don't know if they					
	-	umentation. I would have to					
	-	rector (RD) #1]. We should					
	definitely have the	-					
	view/documentation. Their statement, to make sure they matched, make sure that they were following the plan accordingly." At the time of exit, no additional information was provided to the survey. This federal tag relates to complaint #IN00256623.						
	C	•					
	9-3-2(a)						
W 0191	483.430(e)(2)						
	STAFF TRAINING	PROGRAM					
Bldg. 00	For employees wh	no work with clients, training					
	must focus on skil	lls and competencies					
		ients' behavioral needs.					
	Based on observation	on, record review and	W ()191	W191-		04/20/2018
		sampled clients (A), the facility			To correct this deficiency now	and	
		f were trained to competency			in the future for those affected		
		ment client A's behavior			Paladin has retrained staff on		
	support plan (BSP).	•			updated BSP- Target behavio	r of	
					elopement for the individual		
	Findings include:				affected. Staff were trained o	n	
	The facility's Decree	y of Davidonment-1 Di-1-114			this at an all staff meeting	D :-	
	-	u of Developmental Disabilities			4/12/18. (SEE BSP-UPDATE)		
	were reviewed on 3	eportables and investigations			in red) The elopement guide will now indicate what staff she		1
	were reviewed on 3	1/20/10 at 3.02 FW.			do if individual has eloped, ou		
	Review of the facili	ity's BDDS reportables			safe boundaries and not in	l OI	
		ving (not all inclusive):			eyesight. Care Coordinator w	ill	
	maioutou the follow	mg (not an merasive).			train all new hires on risk		
	-BDDS reportable d	dated 3/12/18 indicated, "On the			plans/BSP prior to working wit	h	
	-	lient A] went to her bedroom			individuals and have some		

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	OF CORRECTION	IDENTIFICATION NUMBER 15G331	A. BUILDING B. WING	00 00	COMPLETED 03/23/2018
NAME OF P	ROVIDER OR SUPPLIER I, INC		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
PALADIN (X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIENCE REGULATORY OR without incident. Af into the garage to sishe stated that she we not talk to anyone. Se and asked to be alor performed visual che performed another we [client A] was not in to look for [client A] sight for approximate down the road behind called 911 as [client hand pain. Paladin set the ER (Emergency and discharged. She sprained wrist and in needed) brace for conformed and Lor A] in their site (sic) in the backyard. State elopement plan in the elope again." Client A's record was AM. Client A's 10/25/17 and/or record indicate included, but were represented by the properties of the physical aggression. BSP defined elopem boundaries specified.	nt A's BSP indicated the			Is all the ax) s are in s ate ut so be gs edge be f
	elopement:				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE COMPI 03/23				
	F PROVIDER OR SUPPLIEI	3	STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	FIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETION DATE		
	the last year with at successful eloping. -4. If [client A] is u Do not argue it or be Redirect to a better bedroom; go downs office. Inform other insisting let her to go rhave eyes on her eyesight at all times other staff/supervisibe -5. If [client A] least staff will calmly, as doing?!/"Where you to talk and to remer an adult. Just find a may want to talk ar wishes. Staff would the boundaries -6. If bystanders intinformation out. Refinsurance portabilit Ignore bystanders a with her and have it leave area. If they your assistance to [-Safe Boundaries as well should be close/nexed the following (not a size of the coordinator (coordinator) (coo	pset and wants to go outside. oring lots of attention to that. choice - a quiet/spare room, stairs with her, staff/supervisor r staff/supervisor. If still go but we must go out with her for safety. She must be in s. Always communicate with or to be ready to act if need wes supervised boundaries, sk her 'What you going?' (sic) ask if she wants mber to express her feelings as but what the situation is. She ad she may not. Respect those I need to be with her if leaving sterfere, do not give personal emember HIPAA (Health by and accountability act). and let them know you work t under control and attempt to will not move or interfere with client A], call 911 foroup Home: The backyard, the ould extend around the ont yard sidewalk are the as close to the street, staff at to her to be able to react." CC) #1 was interviewed on . Interview with CC #1 indicated						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE C A. BUILDING B. WING	OO OO		SURVEY LETED 5/2018	
NAME OF	PROVIDER OR SUPPLIEF	R	1709 F	FADDRESS, CITY, STATE, ZIP COD FARRAND AVE DRTE, IN 46350	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	he was not sure. -When asked what stated, "I was on va agitated. Sometime wants to be left alor eye sight and be the back (in the backya followed her route she will run into ite trees. Maybe it's for neighbor called 911 later. Staff was ther She went to the ER -When asked how delopement, CC #1 s Definitely be aware year. They need to whereabouts. We want to be respectful alone. (Staff) need take off, staff are to techniques. They can of other group home come back within 1 get away from staff -When asked how do in the home, CC #1 where she is. She houtside. They have -When asked how diff she is in the back should be supervised out there. If she door, you'd need to need to know her wasked what find client A, CC #1	happened on 3/11/18, CC #1 cation. She (client A) was s she will walk outside. She ne. Staff need to keep her in ere. She was out front then out rd). Staff couldn't find her and she normally takes. Sometimes ms like parked cars or grab r extra attention. I believe a Staff found her 10-15 minutes re and tried to explain to people.				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 03/23/2018				
PALADIN	PROVIDER OR SUPPLIER		1709 F	STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350				
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'				
TAG	community, as well call. If we can't see frame of when to ca -When asked if clie should do in the eve CC #1 indicated it celopement plans in gotten better and it back into the plan. I added in there and It's probably in an or-When asked if staff according to her plan have had continuou -When asked how of documented in the redidn't state, I don't I have any more	ff supervised client A un, CC #1 stated, "No. Should s eye sight." often visual checks were as reportable, CC #1 stated, "If it know. I don't know if they umentation. I would have to rector (RD) #1]. We should staff point of n. Their statement, to make make sure that they were	TAG	DEFICIENCY	DATE			
Bldg. 00	INDIVIDUAL PRO	gram plan must describe ons to support the individual						
	Based on record rev sampled clients (A) Program Plan (IPP) (BSP) failed to ind	riew and interview for 1 of 3, the client's Individual and/or Behavior Support Plan icate what facility staff should oped and staff were unable to	W 0240	W240- To correct this deficiency now in the future for those affected could have been affected, Pala has updated/revised the individuals BSP- with the target behavior elopement. The individuals BS	or adin duals of			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. BUILDING B. WING	00	COMPLETED 03/23/2018	
NAME	OF PROVIDER OR SUPPLIEF	3		ADDRESS, CITY, STATE, ZIP COD FARRAND AVE	
PALA	DIN, INC		LA PO	RTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PROVIDER'S PLAN OF CORREC PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPLICATION OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPLICATION OF CORRECTIVE ACTION OF CORREC		(X5) COMPLETION DATE
	Findings include: The facility's Burea Services (BDDS) rewere reviewed on 3 Review of the facilindicated the follow -BDDS reportable on ight of 3/11/18, [c without incident. A into the garage to sishe stated that she would not talk to anyone. and asked to be alooperformed visual cliperformed another [client A] was not it to look for [client A] sight for approximate down the road behind pain. Palading the ER (Emergency and discharged. She sprained wrist and in needed) brace for concept (Immediate and Loan) in their site (sic) in the backyard. State elopement plan in the lope again." Client A's record was AM. Client A's 10/25/17 and/or record indicated.	u of Developmental Disabilities eportables and investigations		has been updated and train to on 4/12/18. It not only indicate what to do if she does leave be she has left and out of eyesight (SEE BSP) Staff have several options to work with her if they know her whereabouts and not how to handle the situation if so is out of sight and whereabout are unknown. Staff will utilize follow BSP to have members of IDT assist as well as other grown homes nearby. Other individuals that could have been affected by this behavior their BSPs have been revised elopement was a target behave. These were trained to staff at staff meeting and available to review on the Accel Trax and back-up book. Care Coordinate will be sure to update at least annually and as needed due to change /behavior status. IDT review behaviors at monthly meetings and Care Coordinate reviews data monthly to report progress during Psych appointments for any possible adjustments. DSMs will ensure that staff have access and BS are available to staff as needed.	staff des dut if int. I www she diss and of dup dive dive divior. all detor or divior detor or det

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AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. BUILDING B. WING	COMPLETED 03/23/2018					
NAME OF I	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE			
	and Psychogenic So Behavior Support F targeted behaviors physical aggression BSP defined eloper boundaries specifie unsupervised." Clie following (not all in elopement:	Control Disorder, Epilepsy, eizures. Client A's 11/17 Plan (BSP) indicated client A's included verbal aggression, a, and elopement. Client A's ment as "leaving the safe d unannounced and ent A's BSP indicated the inclusive) in regard to						
	Do not argue it or be Redirect to a better bedroom; go downs office. Inform other insisting let her to go have eyes on her eyesight at all times other staff/supervis be	pset and wants to go outside. ring lots of attention to that. choice - a quiet/spare room, stairs with her, staff/supervisor staff/supervisor. If still go but we must go out with her for safety. She must be in s. Always communicate with or to be ready to act if need						
	staff will calmly, as doing?!/'Where you to talk and to remer an adult. Just find comay want to talk ar wishes. Staff would the boundaries6. If bystanders intinformation out. Reinsurance portabilit Ignore bystanders a with her and have it leave area. If they your assistance to [yes supervised boundaries, ask her 'What you going?' (sic) ask if she wants anber to express her feelings as but what the situation is. She and she may not. Respect those I need to be with her if leaving therefore, do not give personal themember HIPAA (health by and accountability act). Indeed them know you work the under control and attempt to will not move or interfere with client A], call 911 froup Home: The backyard, the						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u>			COMPLETED	
		15G331	B. WING 03/23/2018			/2018	
			<u> </u>	CTDEET A	DDDESS CITY STATE ZID COD		
NAME OF P	PROVIDER OR SUPPLIER	4			ADDRESS, CITY, STATE, ZIP COD		
	LINIC				ARRAND AVE		
PALADIN, INC				LA PUR	RTE, IN 46350		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	fence line as if it would extend around the						
	property and the front yard sidewalk are the						
	boundaries as well as close to the street, staff should be close/next to her to be able to react."						
		s BSP indicated there was no					
		egard to what facility staff					
		ent A eloped and staff were					
	unable to locate her	:					
	C C	CC) #1 interminant an					
		CC) #1 was interviewed on					
	3/21/18 at 2:37 PM. Interview with CC #1 indicated						
	the following (not all inclusive):						
	-When asked how client A's BSP addressed						
		tated, "It's a target behavior.					
	-	of it. It increased in the last					
		be there and be aware of her					
		ant to give her space and					
		il when she says leave me					
	-	to be there. When she does					
		follow her and use calming					
		in call me, her mom, or [name					
		e in the area]. She will usually					
		0-15 minutes. Usually trying to					
		Just for safety, stay with her."					
		lient A should be supervised					
	in the home, CC #1	stated, "In the home, know					
		as boundaries in the home and					
	outside. They have	to know her whereabouts."					
	-When asked how c	lient A should be supervised					
	if she is in the backy	yard, CC #1 stated, "She					
	should be supervise	d with staff. They should be					
		The plan states (staff) should					
	be out there. If she can be watched through the						
		be right there watching. They					
		hereabouts, plain and simple.					
	Have eyes on her ar	nd be there with her."					
	-When asked what s	staff should do if they cannot					
	find client A, CC #1	stated, "They should check					

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
		IDENTIFICATION NUMBER		JILDING	NG <u>00</u>		COMPLETED	
15G331		B. W	ING		03/23/	2018		
NAME OF PROVIDER OR SUPPLIER PALADIN, INC			STREET ADDRESS, CITY, STATE, ZIP COD 1709 FARRAND AVE LA PORTE, IN 46350					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION	
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
	community, as well call. If we can't see frame of when to ca-When asked if clies should do in the eve CC #1 indicated it delopement plans in gotten better and it back into the plan. I added in there and haded in there and haded in the saked if staff according to her plan have had continuous	f supervised client A in, CC #1 stated, "No. Should						
W 0249 Bldg. 00	formulated a client each client must re treatment program interventions and number and freque achievement of the individual program	erdisciplinary team has t's individual program plan, eceive a continuous active n consisting of needed services in sufficient ency to support the e objectives identified in the	W	0249	W249-		04/20/2019	
	interview for 1 of 3 facility failed to ens Support Plan (BSP) implemented as wriclient A. Findings include:	as sampled clients (A), the sure client A's Behavior and/or protocols were tten to ensure the safety of	W	147	To correct this deficiency now in the future, for those affected could possibly have been affect Paladin has trained on and reviewed the BSP for the clien affected that successfully elop from eyesight. Her plan was updated and trained to staff by Care Coordinator on 4/12/18.	d or cted, it ed	04/20/2018	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER	A. BUILDING <u>00</u> COMPLET			LETED	
15G331		B. WING 03/23/2018			/2018		
			<u> </u>	STREET /	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF F	PROVIDER OR SUPPLIEF	8			ARRAND AVE		
PALADIN	LINC				RTE, IN 46350		
I ALADIN	N, IINO			LAFOR			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		eportables and investigations			will be responsible to follow all		
	were reviewed on 3	/20/18 at 3:02 PM.			approved BSP/risk plans to er	sure	
					safety of all individuals all the		
		ity's BDDS reportables			time. Care Coordinator will b		
	indicated the follow	ving (not all inclusive):			responsible to update changes	s to	
					plans as needed but at least	_	
		dated 3/12/18 indicated, "On the	1		annually. After any changes,	Care	
	_	lient A] went to her bedroom			Coordinator will have all staff		
		fter a few minutes, she went			trained and able to show		
		it. Staff checked on her and			competency of the plan by eith		
		vanted to be left alone and			quizzes, pop in/weekly visits w		
	1	She came back into the house			Q's/A's from a mock survey as		
		ne in the backyard. Staff		well as weekly observations from			
	_	necks often. When staff visual check, they realized that			IDT throughout all programs s		
	_	n the backyard. Two staff went			as Program Manager, nurses DSMs.	and	
		and she was out of staff's				_	
	_	ately 15 minutes. Staff found her			IDT reviewed other individual's		
		nd a parked car. The neighbors			plans and BSPs for other targe		
		t A] was complaining of right			behaviors of elopement. At th time, no other individuals have		
	_	staff transported [client A] to			target behavior of elopement.		
	· -	Room) where she was treated			future, staff will be sure to hav		
		e was diagnosed with a			been trained on new individua		
	_	Instructed to wear a PRN (as			plans of elopement. It will	13	
		omfort. Plan to Resolve			indicate how to handle the		
		ng Term): Staff will keep [client			situation if individual is in eyes	siaht	
		at all times when [client A] is			or out of eyesight.	ngt	
		aff will continue to follow her	1				
	1	he event that [client A] should					
	elope again."	[]					
	1		1				
	Client A's record w	as reviewed on 3/21/18 at 10:44	1				
	AM.		1				
	Client A's 10/25/17	Individual Support Plan (ISP)					
		ated client A's diagnoses					
		not limited to, Mild Intellectual					
		Control Disorder, Epilepsy,					
		eizures. Client A's 11/17					
	Behavior Support Plan (BSP) indicated client A's						

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. BUILDING B. WING	COMPLETED 03/23/2018		
NAME OF F	PROVIDER OR SUPPLIER		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)	(X5) COMPLETION DATE
	physical aggression BSP defined elopen boundaries specified unsupervised." Clie following (not all in elopement: -"1. [Client A] has it the last year with at successful eloping -4. If [client A] is up Do not argue it or b Redirect to a better bedroom; go downs office. Inform other insisting let her to go or have eyes on her eyesight at all times other staff/supervise be -5. If [client A] leav staff will calmly, as doing?!/Where you to talk and to remen an adult. Just find o may want to talk an wishes. Staff would the boundaries -6. If bystanders int information out. Re insurance portability bystanders and let the and have it under co area. If they will no assistance to [client -Safe Boundaries G fence line as if it wo property and the fro	ncreased this behavior over tempting to elope or coset and wants to go outside. Fing lots of attention to that choice - a quiet/spare room, tairs with her, staff/supervisor staff/supervisor. If still to but we must go out with her for safety. She must be in a Always communicate with for to be ready to act if need the supervised boundaries, keep what you going?' (sic) ask if she wants aber to express her feelings as the what the situation is. She dishe may not. Respect those need to be with her if leaving terfere, do not give personal member HIPAA (health by and affordability act). Ignore them know you work with her control and attempt to leave the move or interfere with your			

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Event ID:

 $D1VO11 \hspace{0.5cm} \textit{Facility ID:} \hspace{0.5cm} 000849$

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AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. BUILDING B. WING	00	COMPLETED 03/23/2018	
NAME OF PROVIDER OR SUPPLIER PALADIN, INC		1709 F	ADDRESS, CITY, STATE, ZIP COD FARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	should be close/nex Care Coordinator (0 3/21/18 at 2:37 PM the following (not a -When asked what I stated, "I was on va agitated. Sometimes wants to be left alor eye sight and be the back (in the backya followed her route s she will run into ite trees. Maybe it's for neighbor called 911 later. Staff was ther She went to the ER -When asked how c elopement, CC #1 s Definitely be aware year. They need to whereabouts. We w want to be respectfu alone. (Staff) need to take off, staff are to	t to her to be able to react." CC) #1 was interviewed on Interview with CC #1 indicated Ill inclusive): happened on 3/11/18, CC #1 cation. She (client A) was she will walk outside. She he. Staff need to keep her in here. She was out front then out on the normally takes. Sometimes have less a she will walk outside with the normally takes. Sometimes have extra attention. I believe a staff found her 10-15 minutes he and tried to explain to people. Interview with CC #1 indicated in the last be there and be aware of her and to give her space and all when she says leave me to be there. When she does follow her and use calming		CROSS-REFERENCED TO THE APPROPRIA	AIE.
	of other group hom come back within 1 get away from staff -When asked how c in the home, CC #1 where she is. She had outside. They have -When asked how c if she is in the back should be supervise out there with her. The be out there. If she within the same contact the same contact within the s	an call me, her mom, or [name e in the area]. She will usually 0-15 minutes. Usually trying to a Just for safety, stay with her." dient A should be supervised stated, "In the home, know as boundaries in the home and to know her whereabouts." dient A should be supervised yard, CC #1 stated, "She d with staff. They should be The plan states (staff) should can be watched through the be right there watching. They			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. BUILDING B. WING	00	COMPLETED 03/23/2018
NAME OF P	ROVIDER OR SUPPLIER , INC	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
W 0268 Bldg. 00	need to know her whereabouts, plain and simple. Have eyes on her and be there with her." -When asked what staff should do if they cannot find client A, CC #1 stated, "They should check her route, check the house, garage, check the community, as well as contacting the person on call. If we can't see her, not sure if we have a time frame of when to call the police or what to do." -When asked if client A's BSP indicated what staff should do in the event staff cannot find client A, CC #1 indicated it did not. CC #1 stated, "We had elopement plans in place (in the past), but she had gotten better and it was charged. It was just put back into the plan. It is not in there. It should be added in there and how to handle the situation. It's probably in an old one." -When asked if staff supervised client A according to her plan, CC #1 stated, "No. Should have had continuous eye sight." -When asked how often visual checks were as documented in the reportable, CC #1 stated, "If it didn't state, I don't know. I don't know if they have any more documentation. I would have to ask [Residential Director (RD) #1]. We should definitely have the staff point of view/documentation. Their statement, to make sure they matched, make sure that they were following the plan accordingly." This federal tag relates to complaint #IN00256623. 9-3-4(a) 483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of			
	the client. Based on observation, interview and record review for 1 of 3 sampled clients (C), the facility	W 0268	W268- To correct this deficiency now	and 04/20/2018

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER			COMPL	ETED	
15G331		15G331	B. WI	NG		03/23/	2018
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER	2			ARRAND AVE		
PALADIN	I, INC				RTE, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		client C's dignity in regard to			in the future of all individuals		
	his catheter bag.				involved or possible involved,		
					Paladin has updated the care		
	Findings include:				storage plan for the individual'		
					catheter bag. The bag will st		
		conducted in the group home			be cleaned accordingly, 2 part		
		22 PM to 6:25 PM. During the			vinegar and 3 parts water. Sh		
	-	a catheter bag with client C's			solution and allow bag to soak	for	
		was hanging from the shower			30 minutes. Drain solution and	d	
	curtain rod in the ba	athroom on the first floor of the			rinse. Hang bag to air dry,		
	house.				discreetly. Staff will use the		
					curtain after showers to let it d	-	
		conducted in the group home			safely and discreetly. Once i		
		33 AM to 7:55 AM. During the			has sat for 30 minutes and drie		
	-	a catheter bag with client C's			will be in his room closet. Stat		
		was hanging from the shower			will store in a personal breatha	able	
		athroom on the first floor of the			bag/box in closet/drawer until		
	house.				needed. Staff will be sure to l	•	
					in mind all safety measures for		
		as reviewed on 3/21/18 at 11:30			any spills/leaks/possible hazar		
		ent C's record indicated client C			and be sure to protect his dign	iity	
	required the use of a	a foley catheter.				aff	
					will perform this daily. These w		
		RN) #1 was interviewed on			reviewed with staff at the 4/12	/18	
		. When asked why client C had			all staff meeting. IDT will be		
	•	I #1 indicated client C had			keeping track for any possible		
	· ·	When asked if facility staff			issues and review monthly at a		
	-	neter bag elsewhere when not			staff meetings and IDT meetin	_	
	_	ent C's dignity, RN #1			DSMs will be using mock surv	-	
		d put it his bedroom. RN #1			and environmental observation		
	•	kept in his room to protect his			weekly visits to ensure staff ha		
	aignity. I wouldn't l	ike it just hanging there."			followed plans accordingly. C		
	0.2.5(:)				Coordinators/nurse will also be		
	9-3-5(a)				using the Mock Survey form d	•	
					weekly pop-in visits. These wi		
					reviewed with Program Manag	•	
					hold staff accountable for ensu	-	
					safety and dignity for individua	IIS.	
	1		I				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 03/23/2018	
NAME OF I	PROVIDER OR SUPPLIER	1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE	
W 0352 Bldg. 00	483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A received an annual dental examination. Findings include: Client A's record was reviewed on 3/21/18 at 10:44 AM. Client A's record indicated client #A's last dental examination was 8/29/16. Review of client A's record indicated client A did not have a current dental examination on record. Registered Nurse (RN) #1 was interviewed on 3/21/18 at 2:37 PM. RN #1 indicated client A did not have a current dental examination. RN #1 indicated clients should receive dental examinations annually. 9-3-6(a)	W 0352	W352- To correct this deficiency now in the future for all affected or possibly affected, Paladin will ensure to have all participants receive dental examinations annually. For the participant affected, the dentist will see he on 5/18/18. To ensure that furture appointments are not missed to nurse has developed a more organized spreadsheet with all appointments updated/current. The medical support staff will be sure to scan all appointment immediately after the appointment to the team (Care Coordinator/Nurse/DSM) so the the nurse may update her spreadsheet. At monthly IDT meetings, the team will review upcoming appointments and check with medical support stand nurse that it is scheduled who is doing the appointment. appointments will be complete and not reschedule unless get approvals from the Director. It doctor office cancels, it will be documented and an appointment will then be set up immediately	er ture the I . now nts nent at aff and All d ting f ent	
W 0440	483.470(i)(1) EVACUATION DRILLS				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2018 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION AND PLAN OF CORRECTION 15G331		ľ í	JILDING	ONSTRUCTION 00	(X3) DATE COMPL 03/23/	ETED	
NAME OF PROVIDER OR SUPPLIER PALADIN, INC			1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
Bldg. 00	least quarterly for Based on record rev sampled clients (A, clients (D and E), th quarterly evacuation April 2017 to March (3:00 PM to 11:00 If the overnight shift (4 quarters in the passion of the evening shift for the evening shift for the evening shift for the evening that the evacuation drills for the evening shift for certain the passion overnight shift for certain the passion overnight shift for certain the evacuation facility did not concovernight shift for certain the evening shift for certain the evening shift for certain the evening that the evacuation overnight shift for certain the evacuation of the evacuation of the evacuation of the evacuation drills shift at 2:37 PM evacuation drills shift samples are considered to the evacua	cold evacuation drills at each shift of personnel. Friew and interview for 3 of 3 B, and C) and for 2 additional are facility failed to conduct and drills for the past year of the 2018 on the evening shift PM) for 1 of 4 quarters and on 11:00 PM to 7:00 AM) for 1 of st year. The facility's evacuation facility did not conduct are clients A, B, C, D, and E on are the fourth quarter (January, the 2018) of the year. The addills also indicated the duct evacuation drills on the clients A, B, C, D, and E for the other, November, and December the person of the conducted, CC #1 and drills should occur once per the drills should occur once per the conducted of the condu	W	0440	W440- To correct this deficiency now for the future of individuals affiand who could have been affer Paladin has reviewed the evacuation/disaster drills scheat the all staff meeting on 4/12/18. This was trained on they should be performing, who they should be done and how document. Care Coordinator ensured that all drill schedules were in all the group homes. Coordinator reviewed that the Overnight shift shall review the schedule for the month and plit on the desk calendar and/or activity calendar for each month will indicate the time and shi should be conducted. Program Manager will ensure schedule in the homes and updated each year to have one at least quar for each shift. Alternative rout and plans will be discussed wistaff and individuals. This will documented on the form for use 2nd egress (window). Staff will documenting and sending in to office for the Program Manage file and review at least each month. Again, the IDT will be ensuring these are completed pop-in visits; given reminders emails, memos and visits. The will be documented on the mosurvey and reviewed with staff monthly meetings.	ected	04/20/2018

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G331		A. BUILDING <u>00</u> COM			COMP	E SURVEY LETED 3/2018	
NAME OF	PROVIDER OR SUPPLIE	R		1709 F	ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 9999							
Bldg. 00	for Persons with D 460 IAC 9-3-2 Res The provider shall of motor vehicle re and three (3) refere employment dates not constitute a refesection. This state rule was Based on record re employee files revi ensure staff #3, #5, three references on Findings include: Staff #3, #5, and #6 on 3/21/18 at 10:32 employee files did three references. Care Coordinator (3/21/18 at 2:37 PM should have three re 9-3-2(c)(3) 2. The following C	6's employee files were reviewed 2 AM. Staff #3, #5, and #6's not indicate documentation of CC) #1 was interviewed on I. CC #1 indicated all staff	W 9	999	W9999- 1. 460 IAC 9-3-2 To correct the deficiency now and in the future for all involved or who potentially could have been affected, Paladin has updated/revised their policy from 2 to 3. (SEE ATTACHE Selection of Employee-#200. HR HR will be working to gat an additional reference for all employees with only 2. In the future, new hires will have 3 is accordance to the updated polyer accordance of the updated polyer accordance to the updated polyer accordanc	for the yees dated ED-04) cher I ne in olicy. ct the ure for y aladin cer ave all difficult in the interpretation cially en She	04/20/2018

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2018 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION A. BUILDING D. WING		(X3) DATE SURVEY COMPLETED	
		15G331	B. WING		03/23/2018	
	NAME OF PROVIDER OR SUPPLIER PALADIN, INC			ADDRESS, CITY, STATE, ZIP COD ARRAND AVE RTE, IN 46350		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMI	PLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)		ATE
	460 IAC 9-3-6 Hea	Ith Care Services				
	(b) All personnel w	ho administer medication to				
	residents or observe	e residents self administering				
		ave received and successfully				
	completed training	using materials approved by				
	the council.					
	This state rule was	not met as evidenced by:				
	Based on record review and interview for 1 of 3 employee files reviewed, the facility failed to ensure staff #6 had documentation of successful completion of Core B medication administration training prior to administering medications for clients A, B, C, D, and E.					
	Findings include:					
	10:32 AM. Staff #6	e file was reviewed on 3/21/18 at 's file did not indicate completion of Core B stration training.				
	3/21/18 at 2:37 PM	RN) #1 was interviewed on . RN #1 indicated all staff completed Med Core A and B ng medications.				
	9-3-6(b)					

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: D1VO11 Facility ID: 000849 If continuation sheet Page 22 of 22